

<b>CLAIMS ONLY</b>							SERIAL NO. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>	FILING DATE
							APPLICANT(S)	
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.		↓		↓		↓		
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TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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